



Miami Dade County Department of Planning and Zoning



Zoning Permits Section - 11805 S.W. 26 Street, Suite 106 Miami, FL 33175 – Phone: 786-315-2666

Application for Liquor/Beer and/ or Wine for Certificate of Use

Date: _____

Permit # _____

Folio: _____

S _____ T _____ R _____

Business Information:

Location Address: _____ Unit/Suite: _____

(List all addresses above)

(List all unit numbers above)

City: _____ State: _____ Zip Code: _____

Mailing Address _____

City: _____ State: _____ Zip Code: _____

Name of Business/DBA: _____

Corporate: _____

Corporate Officer/ Owner: _____ Title: _____

Phone Number: _____ Size of Space (Sq. Feet) _____

Fax Number: _____

Are you sharing spaces with another business? Yes _____ No _____

Will used merchandise be sold on the property? Yes _____ No _____

Office ☐ Home Office ☐ Apt # ☐ Retail ☐ Warehouse ☐ Wholesale ☐

Describe the type of business _____

Signature of applicant verifies the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no charges or refunds can be made once issued. I am authorized to sign for the business and understand that any misrepresentation of information on this application may result in the revocation of the CU and /or possible enforcement action being initiated against the business and/or it's authorized representatives. I further understand that a separate Certificate of Occupancy (CO) is also required and is obtainable from the Building Department.

X _____

X _____

Print name

Signature

Fax application to 786-315-2928

Department use only:

Zoning: _____ Processor: _____

Conditions under which approved: _____

Resolutions: _____

Process number: U _____

Certificate Number _____